# Row 11259

Visit Number: e4e2a764885e959e0eec28da4b28e2fe5f3add93cb9bb314c8f46a9f066da545

Masked\_PatientID: 11230

Order ID: 0e7d230e117fd300fbead024de58ccecb1239dc62cbc1a8691a27583870cf21c

Order Name: CT Chest or Thorax

Result Item Code: CTCHE

Performed Date Time: 13/9/2016 15:59

Line Num: 1

Text: HISTORY left upper lobe T2N2M0 adenoCA s/p left vats upper lobectomy 11/4/16 TECHNIQUE Noncontrast CT scan was performed. FINDINGS Comparison is made with the CT component of the prior PET/CT dated 21/03/2016. The patient is status post left upper lobectomy, thoracic duct ligation and lymph node dissection. As a result, the left hemidiaphragm is elevated. The left hilum is distorted and post surgical changes are noted. Subsegmental atelectasis is seen in both lungs. No consolidation or mass is detected. There is no pleural effusion. The aortopulmonary lymph nodes which were previously shown to be FDG avid appear to have been excised. There is interval increase in prominence of theprevascular lymph node with a short axis of 0.7 cm (2/28). The heart is normal in size. Coronary arterial calcifications are seen. There is no pericardial effusion. The included upper abdomen shows no contour deforming mass. No destructive bone lesion is detected. CONCLUSION Status post left upper lobectomy, thoracic duct ligation and lymph node dissection. Interval increase in size of the prevascular lymph node is indeterminate for reactive lymph node or nodal metastasis since one of the previous excised aortopulmonary lymph node was positive for nodal metastasis on histology. Follow up CT or PET study for further evaluation may be considered. Case reviewed with Dr Cheah Foong Koon. May need further action Finalised by: <DOCTOR>

Accession Number: 4b56366c9e2c0ec6ee968b895532de38f07f0bdf718de819f534e3911d44914b

Updated Date Time: 13/9/2016 18:34